

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 176

Place of Birth Miami County Sila No. Miami Ave No 71 St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
male			1
DATE OF BIRTH* Sept 26 1934 (Month) (Day) (Year)			
FULL* NAME		FATHER	
Guadalupe Cuellar Perez			
FULL* MAIDEN NAME		MOTHER	
Lucy Hughes			

I HEREBY CERTIFY that the child described herein  
has been named

Roberto (Give name in full) Perez (Surname)  
M. L. Perez (Parent's Signature)  
Lupil M. Lopez M.D. (Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
10M 10-1-43-S.P.Co.

979-926-382